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USPTO FACSIMILE TRANSMITTAL SHEET

Page 1 of 1

CUSTOMER NO. 20995

Docket No.: CHFT.003A

Applicant : Russell A. Houser et al.
App. No. : 10/825,785
Filed : April 16, 2004
For : SHAPING SUTURE FOR TREATING
CONGESTIVE HEART FAILURE
Examiner : Unknown
Group Art Unit : 3731

CERTIFICATE OF FAX TRANSMISSION
I hereby certify that this correspondence and all
marked attachments are being transmitted via
facsimile to the USPTO Central Fax No. (703)
872-9306 on the date shown below:

September 10, 2004


Vito A. Canuso III, Reg. No. 35,471

Transmitted herewith for filing and consideration in the above-referenced application are the following items:

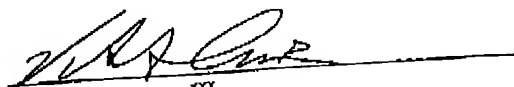
(X) Preliminary Amendment in 18 pages.

FILING FEES:

FEE CALCULATION					
FEE TYPE		FEE CODE	CALCULATION		TOTAL
Total Claims minus 20; or Previously Paid	24 - 24 = 0	1202 (\$18)	0 x 9 =		\$0
Independent minus 3; or Previously Paid	3 - 3 = 0	1201 (\$86)	0 x 43 =		\$0
SUB TOTAL					\$0
The present application qualifies for Small Entity status under 37 CFR § 1.27. Fee reduced by 1/2.					(\$0)
TOTAL FEE DUE					\$0

(X) Total pages in transmission: 6

The Commissioner is hereby authorized to charge any additional fees which may be required, now or in the future, or credit any overpayment to Account No. 11-1410.


Vito A. Canuso III
Registration No. 35,471
Attorney of Record
Customer No. 20,995
(949) 760-0404

LXK-2086:sb 091004

Docket No.: CHFT.003A

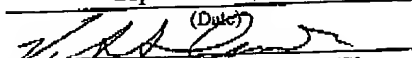
Customer No.: 20,995

AMENDMENT / RESPONSE TRANSMITTAL

Applicant : Russell A. Houser et al.
 App. No. : 10/825,785
 Filed : April 16, 2004
 For : SHAPING SUTURE FOR
 TREATING CONGESTIVE HEART
 FAILURE
 Examiner : Unknown
 Art Unit : 3731

CERTIFICATE OF FAX TRANSMISSION
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September 10, 2004

(Date)

 Vito A. Canuso III, Reg. No. 35,471

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:


Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Preliminary Amendment in 5 pages.
- (X) The present application qualifies for small entity status under 37 C.F.R. § 1.27.

The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	24 - 24 = 0	2202 (\$9)	0 x 9 =	\$0
Independent Claims	3 - 3 = 0	2201 (\$43)	0 x 43 =	\$0
			TOTAL FEE DUE	\$0

- (X) Return prepaid postcard.
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.


 Vito A. Canuso III
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LXX-2036:sb 091004